MARSHFIELD CENTER 814 WEST 14TH STREET

MARSHFIELD 54449 Phone: (715) 387-118	8	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	182	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	201	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	141	Average Daily Census:	152
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	 8 		16.3 40.4
Supp. Home Care-Household Services	No	Developmental Disabilities	2.1	Under 65	5.7		27.7
Day Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	8.5		
Respite Care	Yes	Mental Illness (Other)	5.0	75 - 84	30.5		84.4
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	14.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.4			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	14.9	65 & Over	94.3		
Transportation	No	Cerebrovascular	10.6			RNs	8.4
Referral Service	No	Diabetes	2.8	Gender	용	LPNs	4.5
Other Services	No	Respiratory	8.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	26.2	Male	29.8	Aides, & Orderlies	44.7
Mentally Ill	No			Female	70.2		
Provide Day Programming for			100.0	1			
Developmentally Disabled	No			1	100.0		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	281	95	100.0	118	2	100.0	375	25	100.0	194	0	0.0	0	1	100.0	140	141	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		95	100.0		2	100.0		25	100.0		0	0.0		1	100.0		141	100.0

MARSHFIELD CENTER

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	!				% Needing		Total
Percent Admissions from:	I	Activities of	용		sistance of	<u> -</u>	Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	Or Two Staff	+	Residents
Private Home/With Home Health	0.0	Bathing	1.4		70.9	27.7	141
Other Nursing Homes	1.5	Dressing	7.8		72.3	19.9	141
Acute Care Hospitals	91.8	Transferring	21.3		56.7	22.0	141
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.6		55.3	29.1	141
Rehabilitation Hospitals	0.0	Eating	56.0		32.6	11.3	141
Other Locations	2.6	*****	******	*****	*****	******	*****
Total Number of Admissions	194	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	7.1	Receiving Resp	iratory Care	12.1
Private Home/No Home Health	32.0	Occ/Freq. Incontiner	nt of Bladder	53.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontiner	nt of Bowel	36.9	Receiving Suct	ioning	0.0
Other Nursing Homes	3.4	-			Receiving Osto	my Care	4.3
Acute Care Hospitals	18.7	Mobility			Receiving Tube	Feeding	0.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.8	Receiving Mech	anically Altered Diets	23.4
Rehabilitation Hospitals	0.0				3	-	
Other Locations	13.8 i	Skin Care			Other Resident C	haracteristics	
Deaths	17.7 i	With Pressure Sores		3.5	Have Advance D	irectives	85.1
Total Number of Discharges	i	With Rashes		2.8	Medications		
(Including Deaths)	203 i				Receiving Psyc	hoactive Drugs	29.8

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:		Size:		ensure:		
	This	This Proprietary			00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	8	Ratio	8	Ratio	용	Ratio	િ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.1	84.6	0.89	92.9	0.81	88.1	0.85	87.4	0.86
Current Residents from In-County	78.7	75.5	1.04	31.2	2.52	69.7	1.13	76.7	1.03
Admissions from In-County, Still Residing	16.5	18.9	0.87	14.5	1.14	21.4	0.77	19.6	0.84
Admissions/Average Daily Census	127.6	152.9	0.83	40.9	3.12	109.6	1.17	141.3	0.90
Discharges/Average Daily Census	133.6	154.8	0.86	44.5	3.00	111.3	1.20	142.5	0.94
Discharges To Private Residence/Average Daily Census	61.8	63.8	0.97	11.5	5.39	42.9	1.44	61.6	1.00
Residents Receiving Skilled Care	100	94.6	1.06	78.1	1.28	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	94.3	93.7	1.01	89.8	1.05	93.1	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	67.4	66.0	1.02	78.6	0.86	68.8	0.98	65.9	1.02
Private Pay Funded Residents	17.7	19.0	0.93	19.2	0.92	20.5	0.86	21.0	0.85
Developmentally Disabled Residents	2.1	0.5	4.24	0.5	4.50	0.5	4.24	6.5	0.33
Mentally Ill Residents	32.6	31.3	1.04	37.9	0.86	38.2	0.85	33.6	0.97
General Medical Service Residents	26.2	23.7	1.11	25.3	1.04	21.9	1.20	20.6	1.28
Impaired ADL (Mean)	50.8	48.4	1.05	39.0	1.30	48.0	1.06	49.4	1.03
Psychological Problems	29.8	50.1	0.59	56.9	0.52	54.9	0.54	57.4	0.52
Nursing Care Required (Mean)	5.9	6.6	0.89	7.9	0.74	7.3	0.80	7.3	0.80